

THE TREATMENT OF TRICHOMONAS, MONILIA AND MIXED INFECTIONS OF THE VAGINA

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AT THE PRESENT TIME it is difficult to obtain any exact idea of the incidence of cases of vaginitis due to trichomonas, monilia and mixed infections. Various authors who have described the condition in Germany, United States and France—Donné (1837), Rodecourt (1934), Hoehne (1916), Burger (1953) and Heseltine (1951-52)—give widely different statistics, ranging from 10% to 88% of the total incidence of vaginitis. Here, in the Hôpital de la Miséricorde of Quebec, we have observed an overall frequency of approximately 30% to 35% of patients suffering from all types of vaginitis; approximately 90% of these patients show trichomonas.

Vaginal for three days, followed by two for 12 days. A control smear was then taken. Regardless of the laboratory findings—that is to say, whether the result was positive or negative—treatment was continued with a second course of the drug, consisting of one suppository daily for another period of 15 consecutive days. At the end of this second treatment period (that is, after 30 days) a second control smear was taken and finally, 15 days later, a last control examination was made. If the second control smear was still positive, treatment was continued with one suppository daily for 15 days, and another smear was taken. This was repeated until a negative result was obtained.

It is especially important to bear in mind that one cannot be guided by the symptomatic improvement of the patient, but only by the result of the laboratory examinations. Indeed, although all patients showed marked improvement in leucorrhœa and itchiness after the first five or six days of treatment, in some cases a positive smear was still obtained at the termination of the treat-

TABLE I.

PROGRESS IN A CASE TREATED WITH PROPI-VAGINAL							
<i>Dates of smears</i>	<i>Laboratory findings for trichomonas</i>	<i>pH cervix</i>	<i>pH vagina</i>	<i>Duration initial treatment period</i>	<i>Leucorrhœa</i>	<i>Continuation of treatment</i>	<i>Pain or erythema due to drug</i>
2/12/53	positive	7.5	5.0	December 9 to 25, 1953	present	—	none
26/12/53	negative	4.5	4.5	—	present	—	none
25/ 1/54	positive	4.5	4.5	—	present	Second treatment 21/1/54	none
8/ 2/54	negative	7.5	7.5	—	present	Third treatment 24/2/54	none
24/ 2/54	negative	7.5	6.0	—	absent	—	none
11/ 3/54	negative	—	—	—	absent	—	none

In a group of patients showing such infections, which required prolonged treatment, often with little or no improvement, it was decided to institute therapy with a preparation of sodium propionate, propionic acid, and diiodohydroxyquinoline, known as Propi-Vaginal,* which has been claimed to lead to no burning or local irritation. We shall present an outline of the procedure employed and of the results obtained.

The procedure employed was as follows: After an initial vaginal smear had been taken, the first course of treatment lasting for 15 days comprised daily insertions of three suppositories of Propi-

ment periods referred to above. Irrespective of the duration of the treatment employed, in no case was there any evidence of local erythema throughout the entire group of patients.

In order to exercise more rigid control of the patients during the treatment periods, the Propi-Vaginal suppositories were inserted by the attending nurse for each patient, and this was continued for the duration of treatment. In addition, the patients were kept in bed for a period of 20 minutes after insertion of each suppository.

A typical protocol from one patient, showing the procedures employed in order to control the effects of the treatment in each of the patients, is shown in Table I.

*Propi-Vaginal is a vaginal suppository containing sodium propionate, propionic acid, and diiodohydroxyquinoline with added lactose, dextrose, boric acid and lactic acid.

The results obtained in 40 similarly treated cases are summarized in Table II, showing the results of laboratory examinations at the various stages of treatment and the final smear obtained 15 days after the end of treatment.

TABLE II.

SUMMARY OF RESULTS			
Treatment	Tricho- monas positive	Tricho- monas negative	Untoward effects
First course—30 days:			
after 15 days.....	6 cases	34 cases	none
after 30 days.....	8 "	32 "	"
Final smear:			
15 days after end of treatment.....	5 "	35 "	"
Second course— duration 15 days...	4 "	9 "	"
Third course— duration 15 days...	2 "	1 "	"

As can be observed from the data, eight patients had a positive smear after the first complete course of 30 days' treatment. There were also five other patients who, even 15 days after termination of such treatment, still showed a positive smear. Of this total of 13, there were, however, only four who remained resistant and still showed a positive smear after supplementary treatment for 15 days with one Propi-Vaginal suppository daily. In only three of these cases was it possible to carry out a third similar course of treatment, as one of the patients delivered prematurely. In fact, this investigation could not be continued for more than two months on the average for each case, since all patients left the hospital soon after being delivered.

It was noted both by the attending nurses and ourselves that the five patients whose smears remained positive or reverted to positive were the most careless in their personal hygiene. Indeed, these were patients who had no conception of personal hygiene, and all advice or suggestions given them were in vain. In order to prevent spreading of infection and reinfection, the patient must be warned that in the course of her vulvar toilet she should always proceed from before backwards and not vice versa.

SUMMARY

Propi-Vaginal is clearly a highly effective preparation for the types of vaginitis mentioned above. Treatment with three of these suppositories daily for three days, then two daily for

twelve days, and thereafter one per day for a period of fifteen days, leads to complete cure in approximately 80% of cases, without any evidence of local irritation due to the presence of the suppositories.

The authors desire to express their sincerest appreciation to the attendant nurse, as well as to personnel of the laboratory, consulting and sterilization services, who have so generously given their assistance towards the proper conduct of this study, despite the added work which it has imposed upon them.

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SERUM CHOLESTEROL AND DIETARY FAT

It is well known that the level of cholesterol in the serum may be considerably lowered by the use of diets containing little or no fat. But not only are such diets unpalatable, they impose a strain on the metabolism: needed fats are synthesized by the body itself.

Workers at the Rockefeller Institute for Medical Research have found that, in normal obese persons receiving a diet on which their weight remained constant, there was a marked drop (about 20%) in the cholesterol, and a lesser drop in the phospholipid levels, when vegetable fats were substituted isocalorically for the animal fats which had made up 45 to 52% of the intake. On return to the original diet, the cholesterol and phospholipids rose to their former levels. The patients' health remained apparently unaffected by these changes in diet.—Ahrens, E. H., Jr., Blankenhorn, D. H. and Tsaltas, T. T.: *Proc. Soc. Exper. Biol. & Med.*, 86: 872, 1954.